

# Diversity, Equity and Inclusion

An Interview with Pamela Y. Abner,  
Vice President and Chief Administrative Officer, Office of Diversity and Inclusion, Mount Sinai Health System

**EDITORS' NOTE** Pamela Abner is responsible for system-wide administrative, fiscal, policy and practice-related management activities to sustain diversity, inclusion and equity. She collaborates with hospital and medical school leadership to establish best practices, conduct integrative work and set the strategic, innovative and programmatic agenda for diversity, inclusion and equity across all business lines. As a certified patient experience professional and unconscious bias educator, Abner strives to develop and guide initiatives to create an inclusive environment. Utilizing research methodologies, creating education curriculum and applying best practices, she seeks to implement initiatives to identify disparities and eliminate barriers to medical care, employment and education for underserved and underrepresented groups. Her thought leadership and strategic management guidance was fundamental to Mount Sinai Health System attaining several national rankings as the #1 health and hospital system for diversity and inclusion management. Abner earned a bachelor's degree from Brown University and an M.B.A. from Columbia University.



Pamela Y. Abner

conducting training and education around racism, bias, LGBT policies, and working with people with disabilities. We look at advancing underrepresented minorities in leadership roles and work with schools to make sure we provide opportunities for students to join the organization and then to grow and advance through mentoring and investing in their careers. We also look at supplier diversity with our supply chain team and advancing ways that we are more intentional about the vendors that we work with and do business

with focusing on minority and women-owned businesses.

Another area that has really taken off is using patient information to discover health disparities. I have been very focused on working with our hospitals on how we collect patient information since it is critical that we have information on the backgrounds of people and as many patient details as possible in order to address these disparities. We have been very successful in this area and now have much more robust information so when we think about things like COVID-19 or

other illnesses, we can look more specifically at our populations and use race and ethnicity data along with other socio-economic data in order to dive much deeper into the work we do.

**Are Mount Sinai Health System's diversity and inclusion efforts consistent and seamless throughout all of the hospitals or do you customize the programs based on the hospital location and specific community?**

I can safely say that nothing is seamless, other than the intention and mission. In regard to doing the work, I work directly with each hospital president and we have diversity councils at each hospital which people at all levels of the hospital volunteer to get involved with so we have different perspectives and experiences represented on the councils. Each council develops initiatives that are most appropriate and important for their site in order to focus on the issues that are relevant to that particular location. So while we have a clear and consistent mission and purpose around our diversity and inclusion efforts, the programs developed and issues addressed differ based on each hospital's specific needs and interests.

**How critical is it to increase diversity at both the medical school and at the health**

**INSTITUTION BRIEF** Mount Sinai Health System ([mountsinai.org](http://mountsinai.org)) encompasses the Icahn School of Medicine at Mount Sinai and eight hospitals, as well as a large and expanding ambulatory care network. The eight hospitals – Mount Sinai Beth Israel, Mount Sinai Brooklyn, The Mount Sinai Hospital, Mount Sinai Queens, Mount Sinai St. Luke's, Mount Sinai South Nassau, Mount Sinai West, and New York Eye and Ear Infirmary of Mount Sinai – have a vast geographic footprint throughout the New York metropolitan region.

**Will you provide an overview of your role and main areas of focus at Mount Sinai Health System?**

The scope of my responsibilities are system-wide covering all of our hospitals, our medical school and our corporate offices, working to establish a structural framework to anchor our work related to diversity, equity and inclusion. The work that I have done since joining Mount Sinai in 2014 has focused on building a broad structure in addressing diversity, equity and inclusion by engaging staff and enhancing culture, as well as



Mount Sinai Beth Israel on Manhattan's Upper West Side



*Mount Sinai Beth Israel Brooklyn*

**system and will you highlight Mount Sinai's efforts to build a more diverse and inclusive workforce?**

In regard to the medical school, we have made progress on the faculty side, but there is still work to be done in advancing Black and Brown faculty members. There is also a major focus on bringing in more diverse students to the medical school and while we have had positive results in this area, there is always more we can do and will do.

We have also made progress within the health system in this area and I am working directly with my colleagues in human resources to identify diverse talent within the organization that should have the opportunity for advancement when positions open up in the organization. Many times people recruit other people from their circles or who they know and this is often people that are similar to them. We are disrupting this process and with 42,000 employees, we are looking more deeply within and putting in place a high potential program to identify individuals within the organization so that we are including a more diverse set of candidates in the process. It is also critical that once a person is in a new role, they are supported and continue to be included and welcomed so that they stay with the organization. A great example of this is something that existed at Mount Sinai called the Quality Leadership Council which is a committee comprised of chief medical officers, hospital presidents, quality leaders and chief nursing officers. There are about 60 people on this committee. I have been attending these meetings which take place every other Friday and focus on issues around quality. I have continually sat at that meeting and in my head always thought that 99% of the people at the meeting were white, and besides me there was one black person who is a chief nursing officer and one who is an attending physician. When COVID-19 hit, we changed the way these meetings took place as

we could not put 60 people in a room so we had more phone conversations. During one of the calls I had with two of the leaders of the Council, I mentioned that when I attend the meetings I see a sea of whiteness and that issues of prejudice and bias and disparities are never mentioned or discussed. Both of these leaders agreed with me and from that moment we completely changed the way this group of about 60 people worked. We have brought forward discussions around race disparities with patients, the impact of COVID-19 by race and ethnicity, and read the book *White Fragility* as a group and brought the group

together by Zoom, had breakout groups, and discussed chapters of the book. It was amazing to see the conversations that took place and the awareness that this has created around the issue of race. This has been a huge transformation for this group and has changed the way we think and act.

**How critical are metrics in Mount Sinai's diversity and inclusion work in order to measure the impact of your efforts?**

We engage our people and do surveys asking how we are doing. We are measuring whether our people feel comfortable speaking with their manager or supervisor about the issue of racism or discrimination. We often hear that staff do not feel comfortable and safe having these discussions because they feel they may be retaliated against or terminated if they say certain things. We are addressing this since we know that there is a difference in the way a black staff member will be treated as opposed to a white physician when saying the same thing or using certain language. The key is to be open and honest and to provide an atmosphere where staff feel safe and comfortable to express how they feel so that it can be addressed and changed. We need to get to a point where we are honest about how our people may be feeling and then take action to make the necessary changes. The best way to get this information is through employee surveys.

**Do you feel that progress has been made on the issue of gender equity in the workforce and how is Mount Sinai focusing on providing opportunities for women to grow and lead within the organization?**

Within the organization, we have women in senior roles, but there are still issues of parity in pay. There are also issues of gender equity at the medical school which is something the dean of the school is addressing. The school is focused on women in science and medicine and we are taking a proactive approach to creating additional opportunities for women throughout Mount Sinai. ●



*Mount Sinai Queens*